

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018771

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAY 21 1962

## 1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)

Clinton

Length of stay in 1b

minutes

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

709 E. Green

Inside Limits

Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Kansas

b. COUNTY

Parsons

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

1619 Chess St.

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First

EAEL

Middle

W.

Last

CLARK

## 4. DATE OF DEATH

Month

May 15, 1962

Day

Year

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
4/10/86

9. AGE (last birthday)  
76

IF UNDER 1 YEAR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Retired Railroad

10b. KIND OF BUSINESS OR INDUSTRY  
Railroad

11. BIRTHPLACE (City and state or country)  
Iowa

12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Oneida Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No

17. INFORMANT  
Mrs Oneida Clark, Parsons, Kansas

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Unknown Natural Cause.

Interval between onset and death

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Probable Myocardial Infarction

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from unattended to and last saw her alive on  
Death occurred at 7:30 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Richard H. King M.D.

(Degree or title)

Henry County

22b. ADDRESS

106 S. 3rd Clinton Mo.

22c. DATE SIGNED

5/15/62

23. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

5/15/62

23c. NAME OF CEMETERY OR CREMATORY

Via Auto

23d. LOCATION (City, town, or county)

Parsons, Kansas

24. FUNERAL DIRECTOR

Consalus

ADDRESS

Clinton, Missouri

25. DATE RECD. BY LOCAL REG.

May 17, 1962

26. REGISTRAR'S SIGNATURE

Nildred Bigum

Blossom Funeral Home, Parsons, Kansas

(Printed Embossed Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300  
Rev. 4/59  
1 0425  
2 8150  
3 2  
4 0  
5 1  
6  
7 1  
8 2  
9 420.1  
10  
11  
12 90-3  
13 1-0

MAY 29 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Eugene R. Consalvo

Licensed Embalmer No. 4680

P. O. Address Clinton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 5-15-62 W.B. R.C.